

Development Services Department
Building Safety Division

APPLICATION FOR M-E-P PERMIT

DATE: _____

JOB ADDRESS: _____ Bldg.#: _____ Fl.#: _____ Suite/Unit #: _____

OWNER'S NAME: _____ Telephone #: _____

APPLICANT'S NAME: _____ Telephone #: _____

APPLICANT'S ADDRESS: _____

DESCRIPTION OF WORK: _____

TYPE OF WORK:	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
BUILDING IS:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Addition
SYSTEM/UNIT IS:	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Alteration

Equipment Only Inspection Request (to be filled out by Applicant)

Date of Inspection: ____/____/____

Please Circle inspection Time period: 7-9am 8-10 9-11 10-12 11-1pm 12-2 1-3

Please note that inspection time is not guaranteed

Check items below - Indicate number of units

MECHANICAL

Mechanical Alter, Repair or Add'n: _____
VENTILATION FAN: _____
VENTILATION SYS/EVAPORATIVE COOLER: _____
REFRIGERATION SYSTEM thru 3 tons: _____
REFRIGERATION SYS >3 thru 15 tons: _____
REFRIGERATION SYS >15 thru 30 tons: _____
REFRIGERATION SYS >30 thru 50 tons: _____
REFRIGERATION SYSTEM > 50 tons: _____
HEATER (floor, suspend, recessed): _____
APPLIANCE VENT: _____

*** NON-HAZARDOUS PROCESS PIPING ***

Enter number of OUTLETS: _____

*** HAZARDOUS PROCESS PIPING ***

Enter number of OUTLETS: _____
FURNACE/BURNER thru 100,000 Btuh: _____
FURNACE/BURNER >100,000 Btuh: _____
AIR HANDLING UNIT thru 10,000 CFM: _____
AIR HANDLING UNIT >10,000 CFM: _____
Each HOOD or Misc APPLIANCE: _____
INCINERATOR - domestic: _____
INCINERATOR - commercial/industrial: _____
ABSORPTION SYSTEM thru 100M Btuh: _____
ABSORP SYS >100M - 500M Btuh: _____
ABSORP SYS >500M - 1000M Btuh: _____
ABSORP SYS >1000M - 1750M Btuh: _____
ABSORPTION SYSTEM >1750M Btuh: _____
Enter 'Y' for - MECH INVEST FEE: _____

PLUMBING

No. of PLUMBING FIXTURES or TRAPS: _____
REPAIR/ALT/INSTALL of Water Piping: _____
No. of WATER HEATERS and/or VENTS: _____
No. of BUILDING or TRAILER SEWERS: _____

BACKFLOW PROTECTION DEVICES

ATMOSPHERIC TYPE

Enter number of DEVICES: _____

OTHER THAN ATMOSPHERIC TYPE

No. of DEVICES thru 2" diameter: _____

No. of DEVICES >2" diameter: _____

GAS PIPING SYSTEM

Enter number of OUTLETS: _____

REPAIR or ALTERATION OF DWV System: _____

No of PRIVATE SEWAGE DISPOSAL SYS: _____

WASTE PRE-TREATMENT / INTERCEPTORS: _____

No. of CESSPOOLS: _____

RAINWATER SYS - per drain (in Bldg): _____

No. of LAWN SPRINKLER SYS w/ BFP: _____

Enter 'Y' for PLBG INVEST FEE: _____

ELECTRICAL

No. of BRANCH CIR (New,Add,Alt): _____

SERVICE ENTRANCE thru 200 amps: _____

SERVICE ENTRANCE 201 - 1000 amps: _____

SERVICE ENTRANCE >1000 amps: _____

CONSTRUCTION SERVICE: _____

TEMPORARY USE: _____

Enter 'Y' for ELECT INVEST FEES: _____